

Illinois Electronic Health Record Provider Incentive Payment (EHR/PIP) Program
EXAMPLE - Eligible Professional Patient Volume Calculation Worksheet

1 a. Current Date:

b. 90 Day Period Start (must be within preceding calendar year to Box 1a)

c. 90 Day Period End (must be continuous from 90 Day Start Date)

d. Patient Volume Calculation source (ex. Practice Management System)

6/5/2011
2/1/2010
5/2/2010
Practice Management

Eligible Professional (EP) must choose one Methodology (A or B)

EP must use Methodology (C or D) if practicing predominantly¹ in a FQHC/RHC

Individual patient volume may be aggregated from multiple practice sites²

2. Methodology A: Individual Patient Encounter

a. Individual Name:	Practice Sites			
	Total	1	2	3
b. Total Patient Medicaid Encounters ³ for the 90 day period	160	= 50	+ 10	+ 100
c. Title XIX Percentage by NPI (from HFS website: www.hfs.illinois.gov/ehr/)	95%			
d. Total Patient Encounters for the 90 day period	290	= 75	+ 25	+ 190
e. Medicaid Patient Volume (b*c) / d * 100 =	52%			
Using the example above, following is the calculation: 160 x 95% = 152 ÷ 290 = .524 x 100 = 52%				

3. Methodology B: Total Group⁴ Patient Volume Calculation as proxy for an EP

a. Group Name:	b. FEIN:	Group Practice Sites			
		Total	1	2	3
c. Total Group Patient Medicaid Encounters ³ for the 90 day period		1200	= 600	+ 400	+ 200
d. Title XIX Percentage by County ⁵ (from HFS website: www.hfs.illinois.gov/ehr/)		88%			
e. Total Group Patient Encounters for the 90 day period		1800	= 900	+ 600	+ 300
f. Medicaid Patient Volume (c *d) / e) * 100 =		59%			
Using the example above, following is the calculation: 1200 x 88% = 1056 ÷ 1800 = .586 x 100 = 59%					

4. Methodology C: Individual Patient Volume Calculation for EPs practicing predominantly in a FQHC/RHC - Note that this methodology does not require factoring in the Title XIX percentage

a. Individual Name:		Total	1	2	3
b. Total Medicaid patient encounters ³ for the 90 day period		30	= 10	+ 20	+ 0
c. Total No Cost Care patient encounters for the 90 day period		145	= 100	+ 45	+ 0
d. Total SCHIP patient encounters for the 90 day period		95	= 40	+ 55	+ 0
e. Total Reduced Cost ⁶ patient encounters for the 90 day period		65	= 50	+ 15	+ 0
f. Total Needy Individual Patients (b+c+d+e)		335			
g. Total patient Encounters for the 90 day period		1002	= 420	+ 582	+ 0
h. Medicaid Patient Volume (f/g) * 100 =		33%			
Using the example above, following is the calculation:		335 ÷ 1002 = .334 x 100 = 33%			

5. Methodology D: Total Group⁴ Patient Volume Calculation as a proxy for an EP practicing predominantly in a FQHC/RHC- Note that this methodology does not require factoring in the Title XIX percentage

a. FQHC/RHC Name:	b. FEIN:	Group Clinic Sites			
		Total	1	2	3
c. Total Group Medicaid patient encounters ³ for the 90 day period		7500	= 2000	+ 5500	+ 0
d. Total Group No Cost Care patient encounters for the 90 day period		450	= 100	+ 350	+ 0
e. Total Group SCHIP patient encounters for the 90 day period		650	= 100	+ 550	+ 0
f. Total Group Reduced Cost ⁶ patient encounters for the 90 day period		850	= 100	+ 750	+ 0
g. Total Needy Individual Patients (c+d+e+f)		9450			
h. Total Group patient Encounters for the 90 day period		20000	= 10000	+ 10000	+ 0
i. Medicaid Patient Volume (g/h) * 100 =		47%			
Using the example above, following is the calculation: 9450 ÷ 20000 = .4725 x 100 = 47%					

¹ Predominantly: 50% or more of total patient volume over a six month period is at a FQHC/RHC

² EP's may calculate patient volume from multiple practice sites/states, Groups must use entire group across sites of practice

³ Medicaid Encounter: Services rendered to one person in one day where Medicaid paid for all or part of the service= 1

⁴ Group: Please refer to the Group Patient examples

⁵ The group must have a practice location in the county selected

⁶ Reduced Cost: Cost reduced pursuant to patients ability to pay